



CONTAINS NO CBI

Form Approved
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EPA-OTS



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OFFICE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Comprehensive Assessment Information Rule
REPORTING FORM

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2][2][2][8][9]
CBI mo. day year

[] a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule NA

(ii) Name of mixture as listed in the rule

(iii) Trade name as listed in the rule

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule NA

CAS No. of chemical substance [] [] [] [] [] [] - [] [] - []

Name of chemical substance

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

[] Importer 2

Processor 3

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

[] Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI
☐ Yes ☒ Go to question 1.04
☐ No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI
☐ Yes 1
☐ No (2)

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations
Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI
☐ Trade name Wingfil Part A
Is the trade name product a mixture? Circle the appropriate response.
Yes (1)
No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI
☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

David M. Gingrich
NAME

David M. Gingrich
SIGNATURE

6/25/89
DATE SIGNED

Center Manager
TITLE

(703) 297 - 3883
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NA

NAME

SIGNATURE

DATE SIGNED

TITLE

()

TELEPHONE NO.

DATE OF PREVIOUS
SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

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"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NA

NAME

SIGNATURE

DATE SIGNED

TITLE

()

TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [G][O][O][D][Y][E][A][R][C][O][M][E][C][I][A][L][T][I][R][E][]
[] Address [T][G][O][I][] [V][A][S][Q][U][E][Z][] [B][A][V][D][]
Street
[D][E][N][V][E][R][]
City
[C][O] [D][O][2][1][6]--[][][][]
State Zip
Dun & Bradstreet Number[0][1]-[20][3]-[0][6][2][6]
EPA ID Number[N][A][][][][][][][]
Employer ID Number[3][4][0][2][5][3][2][4][0]
Primary Standard Industrial Classification (SIC) Code[5][0][1][4]
Other SIC Code[N][A][][]
Other SIC Code[N][A][][]

1.10 Company Headquarters Identification

CBI Name [T][h][e][] [G][o][o][d][y][e][a][r][] [T][i][r][e]&[R][u][b][b][e][r][] [C]
[] Address [1][1][4][4][] [E][a][s][t][] [M][a][r][k][e][t][] [S][t][r][e][e][t][]
Street
[A][k][r][o][n][]
City
[O][H] [4][4][3][1][6]--[0][0][0][1]
State Zip
Dun & Bradstreet Number[0][0]-[4][4][6]-[7][9][2][4]
Employer ID Number[3][4][0][2][5][3][2][4][0]

[] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name TheGoodyearTire&RubberCo
☐ Address 1144EastMarketStreet
Street
Akron
City
0H 44316--0001
State Zip
Dun & Bradstreet Number00-446-7924

1.12 Technical Contact

CBI Name RICRCAVALCOJR
☐ Title TECHNICIREPRESENTATIVE
Address 0MECENTERPOINTEDRIVE
Street
LAPALMA
City
CA 90623--1094
State Zip
Telephone Number214-737-7900

1.13 This reporting year is from01 88 to 12 88
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

[illegible]

() Mailing Address () () () () () () () () () () () () () () () ()

Street

[illegible]

City

() () () () () -- () () ()

State

Zip

Employer ID Number [] [] [] [] [] [] [] []

Date of Sale[][] [][] [][]

Mo.

Day

Year

[illegible]

Telephone Number()-()-()

1.15 Facility Sold -- If you sold this ^{NA} Facility during the reporting year, provide the following information about the buyer:

[illegible][illegible]

Street

[illegible]

City

{ } { } { } { } { } { } --{ } { } { }

State

Zip

Employer ID Number () () () () () () () ()

Date of Purchase() () () () () ()

Mo.

Day

Year

[illegible]

Telephone Number() () () -() () () -() () () ()

☐ Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBL

☐

Classification

Quantity (kg/yr)

Manufactured 0.0

Imported 0.0

Processed (include quantity repackaged) 147.2

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year N.A.

For on-site use or processing N.A.

For direct commercial distribution (including export) N.A.

In storage at the end of the reporting year N.A.

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year 29.4

Processed as a reactant (chemical producer) 0.0

Processed as a formulation component (mixture producer) 0.0

Processed as an article component (article producer) 147.2

Repackaged (including export) 0.0

In storage at the end of the reporting year 36.8

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

- 1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
TDI Prepolymer	ARNCO	40 ± 5.0
Petroleum Hydrocarbon	ARNCO	55 ± 5.0
Toluene Diisocyanate	ARNCO	4.0 ± 0.5
Total		100%

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

<input type="checkbox"/> Year ending	(1 2)	(8 7)	
	Mo.	Year	
Quantity manufactured	0.0		kg
Quantity imported	0.0		kg
Quantity processed	195.7 193.1		kg
Year ending	(1 2)	(8 6)	
	Mo.	Year	
Quantity manufactured	0.0		kg
Quantity imported	0.0		kg
Quantity processed	0.0		kg
Year ending	(1 2)	(8 5)	
	Mo.	Year	
Quantity manufactured	0.0		kg
Quantity imported	0.0		kg
Quantity processed	0.0		kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ NA

☐ Continuous process 1

☐ Semicontinuous process 2

☐ Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

☐

Continuous process 1

Semicontinuous process 2

Batch process (3)

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

☐

NA

Manufacturing capacity kg/yr

Processing capacity kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

☐

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase			45.9
Amount of decrease			

☐ Mark (X) this box if you attach a continuation sheet.

2.09. For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year Average
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured

Processed

84 2

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured

Processed

N.A.

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured

Processed

N.A.

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory

Average monthly inventory

kg

kg

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

NA

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of By-products, Coproducts, or Impurities</u>

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct

C = Coproduct

I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
X	100	100	I, CM

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) <u>Article-Flat proof tire</u>

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
X	100	100	I, CM

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) <u>Article-Flat proof tire</u>

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
X	H	< 0.01	I, CM

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) <u>Article-Flat proof tire</u>

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) <u>Article</u>
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

☐ Truck 1
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
CBI or prepared by your customers during the reporting year for use under each category
of end use listed (i-iv).

☐

Category of End Use

i. Industrial Products

Chemical or mixture kg/yr
Article 132.5 kg/yr

ii. Commercial Products

Chemical or mixture kg/yr
Article 14.7 kg/yr

iii. Consumer Products

Chemical or mixture kg/yr
Article kg/yr

iv. Other

Distribution (excluding export) kg/yr
Export kg/yr
Quantity of substance consumed as reactant kg/yr
Unknown customer uses kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

PART C , RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

CBI
[]

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	147.2	4.0 \pm 0.5
Class II chemical		
Polymer		

[] Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI
☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	_____ % purity	_____ % purity	NA-mixture _____ % purity
Technical grade #2	_____ % purity	_____ % purity	_____ % purity
Technical grade #3	_____ % purity	_____ % purity	_____ % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes 1

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source 2

☐ Mark (X) this box if you attach a continuation sheet.



MATERIAL SAFETY DATA SHEET

REVISION DATE June 4, 1986

I. GENERAL INFORMATION

PRODUCT NAME : WING-FIL COMPONENT "A"
CHEMICAL NAME : TDI Prepolymer plus Petroleum Hydrocarbon
CHEMICAL FAMILY : Isocyanate Prepolymer and Petroleum Hydrocarbon
FORMULA : Proprietary
DOT HAZARD CLASS : UN2078 (TDI)
MANUFACTURER : ARNCO, 5141 Firestone Place, South Gate, CA 90280-3570
Phone No: (213)567-1378
CHEMTREC Phone No: (800)424-9300 District of Columbia: (202)483-7616

II. INGREDIENTS

Components	TLV	Flash Point °F	Boiling Point °F	Vapor Press. mm Hg	Vapor Dens. (Air=1)	Flammable Limit	
						LEL	UEL
TDI Prepolymer	0.02ppm 0.2mg/m ³	Not Estab.	Not Estab.	0.02 @77°F.	6.0	Not Estab.	
Petroleum Hydrocarbon	0.2mg/m ³ TWA-ACGIH	>300	>550	<1.0 @68°F.	<0.1	No Data Available	

III. PHYSICAL DATA

BOILING POINT (°F) : 464
VAPOR PRESSURE (mm Hg) : SEE SECTION II
VAPOR DENSITY (Air=1) : SEE SECTION II
SOLUBILITY IN WATER, % : Insoluble. Reacts with water to liberate CO₂ gas.
APPEARANCE & ODOR : Dark brown liquid. Sharp pungent odor.
SPECIFIC GRAVITY (H₂O=1) : 1.01
% VOLATILE BY VOLUME : Negligible
EVAPORATION RATE (Ether=1) : Not Established

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TX 910-321-4156

IV. FIRE & EXPLOSION HAZARD DATA

FLASH POINT (°F) : 320
FLAMMABLE LIMITS : Not Established
EXTINGUISHING MEDIA : Dry chemical, chemical foam, carbon dioxide

SPECIAL FIRE FIGHTING PROCEDURES: Fire fighters should wear full emergency equipment with self-contained pressure-demand breathing apparatus. Use water to cool fire-exposed containers. Eliminate all sources of ignition.

UNUSUAL FIRE & EXPLOSION HAZARDS: During a fire, toxic gases are generated. Closed containers may explode from extreme heat or from water contamination. DO NOT reseal water-contaminated containers, as pressure buildup up may cause violent rupture of the container.

V. HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE: 0.02 ppm; 0.2 mg/m³

SYMPTOMS OF EXPOSURE:

INHALATION: May cause dizziness and nausea. Irritation of the upper and lower respiratory tract. Some individuals may develop isocyanate hypersensitization and must avoid further exposure to even low isocyanate levels. Inhalation of mists may present a cancer hazard. Sinusitis, bronchitis, asthma, and impaired ventilatory capacity can occur in some individuals.

INGESTION: Irritation and corrosive action in the mouth, stomach and digestive tract. Possibly liver toxicity. Aspiration into the lungs can cause chemical pneumonitis which can be fatal.

EYES: Liquid, vapors, or mist can cause severe irritation, redness, tearing, blurred vision and possibly irreversible damage to the eye.

SKIN: Irritation and allergic sensitivity may occur for some individuals, producing reddening, swelling or blistering, and skin sensitization, possibly resulting in dermatitis. This product contains petroleum oils similar to those categorized by the International Agency for Research on Cancer (IARC) as causing skin cancer in mice after prolonged and repeated contact. Any potential hazard can be minimized by using recommended protective equipment to avoid skin contact and by washing thoroughly after handling.

ARTICO

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V. HEALTH HAZARD DATA (continued)

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Pre-existing unspecific bronchial hypersensitivity and, potentially, any allergies.

PRIMARY ROUTES OF ENTRY: Inhalation and skin contact.

EMERGENCY FIRST AID:

INHALATION: Remove victim to fresh air. If breathing is difficult, administer oxygen. If breathing has stopped, apply artificial respiration, and get medical attention immediately. NOTE TO PHYSICIAN: Treat symptomatically: bronchodilators; oxygen.

INGESTION: DO NOT INDUCE VOMITING. Aspiration can be fatal. Give a glass of milk or water, keep patient quiet and warm, and get prompt medical attention.

EYES: Flush immediately with water for at least 15 minutes, occasionally lifting the eyelid, and get prompt medical attention.

SKIN: Remove contaminated clothing and launder before reuse. Wash affected skin with soap and water. Consult a physician if swelling or reddening occurs.

VI. REACTIVITY DATA

STABILITY: Stable under normal, recommended storage conditions.

CONDITIONS TO AVOID: Open flame and storage temperatures above 120°F.

INCOMPATIBILITY: Materials to avoid are water, alcohols, ammonia, amines, and alkalis. Contaminated containers should be left vented and be moved to a safe area for neutralization and proper disposal.

HAZARDOUS POLYMERIZATION: May occur.

CONDITIONS TO AVOID: Exposure to high temperature, or resealing of containers contaminated with materials listed under INCOMPATIBILITY (materials to avoid).

HAZARDOUS DECOMPOSITION PRODUCTS: Carbon monoxide and dioxide, nitrogen oxides, sulfur oxides, unidentified organic compounds, and traces of hydrogen cyanide (HCN).

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VII. ENVIRONMENTAL PROTECTION PROCEDURES

SPILL RESPONSE: Evacuate and ventilate the area. Eliminate all sources of ignition. Respiratory protection must be worn during cleanup. Cover the spill with sawdust, vermiculite, or other absorbent material. Scoop and place in open container and remove to well ventilated area to be treated with a decontamination solution made up of 20% Tergitol TMN-10 (Union Carbide) and 80% water; or 5% concentrated ammonia, 2% detergent, and 93% water. Leave the container open for 24-48 hours. Wash down the spill area with decontamination solution. For major spills call CHEMTREC: (800) 424-9300.

WASTE DISPOSAL METHOD Decontaminated waste must be disposed of in accordance with Federal, State, and local environmental control regulations. It is your duty to comply with the Clean Air Act, Clean Water Act, and Resources Conservation and Recovery Act.

VIII. SPECIAL PROTECTION INFORMATION

EYE PROTECTION: Chemical workers goggles or full-face shield. Contact lenses should not be worn in or near work area.

RESPIRATORY PROTECTION: MSHA/NIOSH approved positive-pressure air-supplied respirator with full-face shield. Organic vapor filters are not effective against TDI vapor. The vapor pressure of TDI is such that at normal temperatures, vapor concentration in the air will exceed the TLV of 0.02 ppm.

SKIN PROTECTION: Impervious, chemical resistant (natural rubber) gloves, arm covers, aprons or coveralls, boots and caps.

VENTILATION RECOMMENDED: General mechanical ventilation and local exhaust, to maintain vapor concentration below the TLV.

OTHER PROTECTION: Safety showers and eye wash stations must be easily accessible. Provide a dry nitrogen blanket in bulk storage tanks.

IX. SPECIAL PRECAUTIONS

HYGIENIC PRACTICES IN HANDLING & STORAGE: Store below 100°F, preferably below 90°F, in tightly-closed containers to prevent atmospheric moisture contamination. DO NOT reseal if contamination is suspected. DO NOT store near open flame or high heat.

Wear protective equipment to prevent eye and skin contact. DO NOT breathe vapors. Wash hands before eating or smoking.

Since emptied containers retain product residues (vapor or liquid), all hazard precautions given in this MSDS must be observed. For proper container disposal, fill with water and allow to stand unsealed for at least 48 hours then dispose of in accordance with Federal, State and local environmental control regulations.

THE INFORMATION IN THIS MSDS IS FURNISHED WITHOUT WARRANTY, EXPRESSED OR IMPLIED, EXCEPT THAT IT IS ACCURATE TO THE BEST KNOWLEDGE OF ARNCO. THE DATA ON THIS MSDS RELATES ONLY TO THE SPECIFIC MATERIAL DESIGNATED HEREIN. ARNCO ASSUMES NO LEGAL RESPONSIBILITY FOR USE OR RELIANCE UPON THIS DATA.

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4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1
 No (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	(3)	4	5
Store	(1)	2	3	4	5
Dispose	(1)	2	3	4	5
Transport	(1)	2	3	4	5

[] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

Physical State		Manufacture	Import	Process	Store	Dispose	Transport
Dust	<1 micron			NA			
	1 to <5 microns			NA			
	5 to <10 microns			NA			
Powder	<1 micron			NA			
	1 to <5 microns			NA			
	5 to <10 microns			NA			
Fiber	<1 micron			NA			
	1 to <5 microns			NA			
	5 to <10 microns			NA			
Aerosol	<1 micron			NA			
	1 to <5 microns			NA			
	5 to <10 microns			NA			

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS NA-Mixture

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) (1/M cm) at _____ nm

Reaction quantum yield, ϕ at _____ nm

Direct photolysis rate constant, k_p , at ... l/hr _____ latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} 1/M hr

For RO_2 (peroxy radical), k_{ox} 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... 1/hr

Specify culture

e. Hydrolysis rate constants:

For base-promoted process, k_b 1/M hr

For acid-promoted process, k_a 1/M hr

For neutral process, k_n 1/hr

f. Chemical reduction rate (specify conditions) _____

g. Other (such as spontaneous degradation) ... _____

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>NA-Mixture</u> <u>Half-life (specify units)</u>
Groundwater	_____
Atmosphere	_____
Surface water	_____
Soil	_____

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life</u> <u>(specify units)</u>	<u>Media</u>
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____

5.03 Specify the octanol-water partition coefficient, K_{ow} ... NA-Mixture _____ at 25°C
 Method of calculation or determination _____

5.04 Specify the soil-water partition coefficient, K_d NA-Mixture _____ at 25°C
 Soil type _____

5.05 Specify the organic carbon-water partition coefficient, K_{oc} NA-Mixture _____ at 25°C

5.06 Specify the Henry's Law Constant, H NA-Mixture _____ atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5:07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

Bioconcentration Factor

Species NA-Mixture

Test¹

¹Use the following codes to designate the type of test:

F = Flowthrough

S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

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<u>Substitute</u>	<u>Cost (\$/kg)</u>
No substitutes currently known	

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

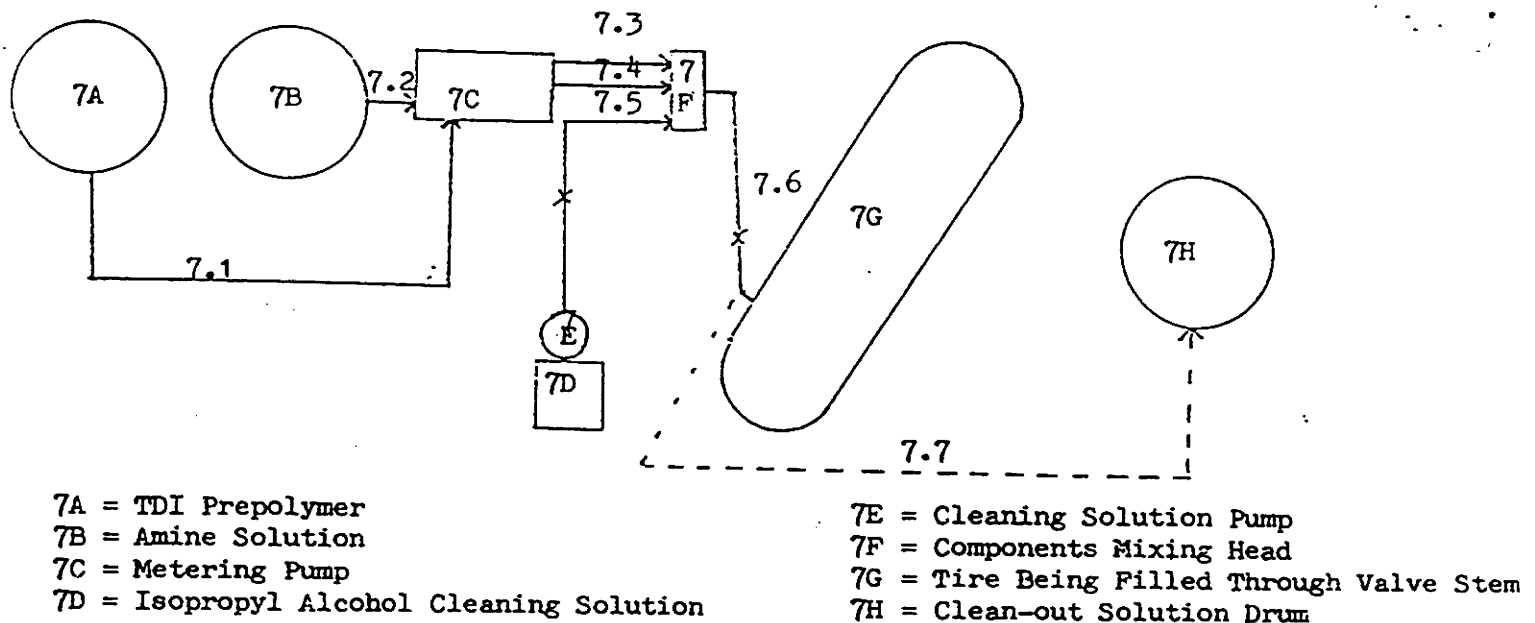
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type Batch - Polyurethane Polymerization

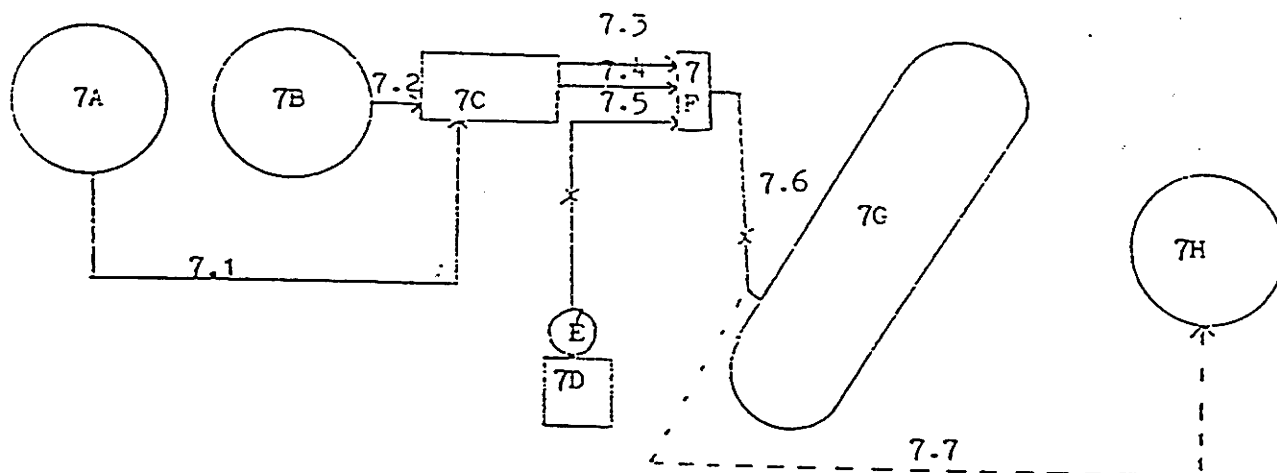


☐ Mark (X) this box if you attach a continuation sheet.

7.03' In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type Batch - Polyurethane Polymerization



7A = TDI Prepolymer
 7B = Amine Solution
 7C = Metering Pump
 7D = Isopropyl Alcohol Cleaning Solution

7E = Cleaning Solution Pump
 7F = Components Mixing Head
 7G = Tire Being Filled Through Valve Stem
 7H = Clean-out Solution Drum

☐ Mark (X) this box if you attach a continuation sheet.

7.04. Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch- Polyurethane Polymerization

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
7A	Drum	Ambient	Atmospheric	Steel
7B	Drum	Ambient	Atmospheric	Steel
7C	Metering Pump	Ambient	Atmospheric	Stainless Steel
7D	5 Gallon Can	Ambient	Atmospheric	Steel
7E	Pump	Ambient	Atmospheric	Steel
7F	Mixing Head	Ambient	Atmospheric	Stainless Steel
7G	Tire	Ambient	Atmospheric	Vul. Rubber
7H	Drum	Ambient	Atmospheric	Steel

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch - Polyurethane Polymerization

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
7.1	TDI Prepolymer	OL	3680
7.3	TDI Prepolymer	OL	3680
7.6	Polymerizing Polyurethane	OL	7360

¹Use the following codes to designate the physical state for each process stream:

- GC = Gas (condensable at ambient temperature and pressure)
- GU = Gas (uncondensable at ambient temperature and pressure)
- SO = Solid
- SY = Sludge or slurry
- AL = Aqueous liquid
- OL = Organic liquid
- IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s).
 If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type Batch - Polyurethane Polymerization

a. Process Stream ID Code	b. Known Compounds ¹	c. Concen- trations ^{2,3} (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)
7.1	TDI Prepolymer	40 ± 5.0 (E) (W)	NA	NA
	Petroleum Hydrocarbon	55 ± 5.0 (E) (W)	NA	NA
	Toluene Diisocyanate	4.0 ± 0.5 (E) (W)	NA	NA
7.3	TDI Prepolymer	40 ± 5.0 (E) (W)	NA	NA
	Petroleum Hydrocarbon	55 ± 5.0 (E) (W)	NA	NA
	Toluene Diisocyanate	4.0 ± 0.5 (E) (W)	NA	NA
7.6	Polyurethane	98 ± 99 (E) (W)	NA	NA
	Toluene Diisocyanate	0.5 ± 1 (E) (W)	NA	NA
	Amine	0.5 ± 1 (E) (W)	NA	NA

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

²Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.
CBI

☐ Process type Batch - Polyurethane Polymerization

NA

☐ Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

☐ Process type Batch - Polyurethane Polymerization

NA

[illegible]

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

NA

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

NA

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		
<u>6</u>		

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

58

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1
No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	NA Air Pollution Control Device ¹	Types of Emissions Data Available
1		
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1
No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
E = Electrostatic precipitator
O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	X	X	1986	1 year
Age at hire	X	X	1986	
Work history of individual before employment at your facility	X	X	1986	
Sex	X	X	1986	
Race	X	X	1986	
Job titles	X	X	1986	
Start date for each job title	X	X	1986	
End date for each job title	X	X	1986	
Work area industrial hygiene monitoring data				
Personal employee monitoring data				
Employee medical history				
Employee smoking history				
Accident history	X	X	1986	5 years
Retirement date	X	X	1986	1 year
Termination date	X	X	1986	1 year
Vital status of retirees				
Cause of death data				

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as reactant	Enclosed	<u>147.2</u>	<u>2</u>	<u>168</u>
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as nonreactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site preparation of products	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

Certified Fleet Specialist

B

Service Manager

C

D

E

F

G

H

I

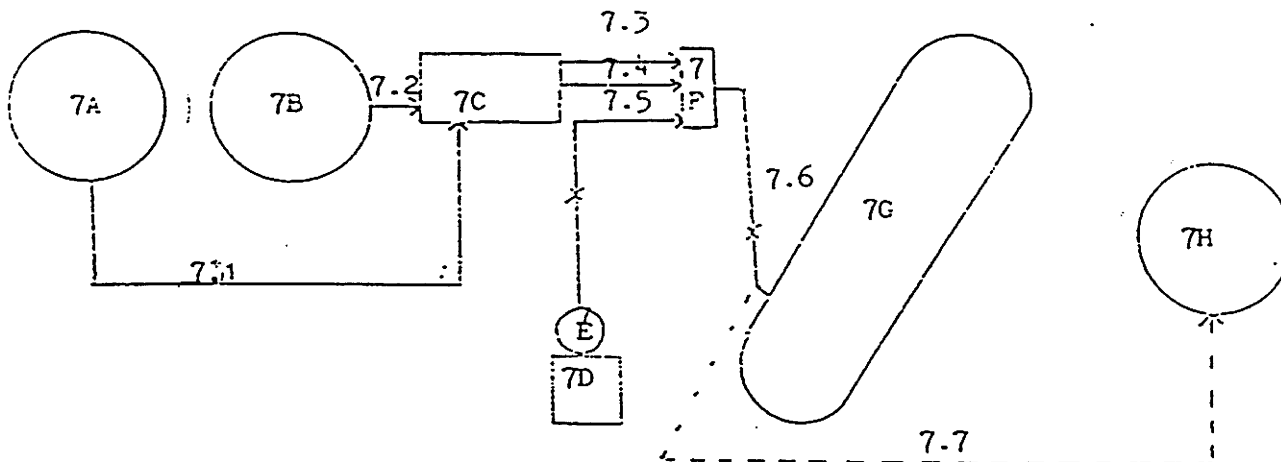
J

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type Batch - Polyurethane Polymerization



7A = TDI Prepolymer

7B = Amine Solution

7C = Metering Pump

7D = Isopropyl Alcohol Cleaning Solution

7E = Cleaning Solution Pump

7F = Components Mixing Head

7G = Tire Being Filled Through Valve Stem

7H = Clean-out Solution Drum

Note: All above is considered one work area

☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch - Polyurethane Polymerization

Work Area ID

Description of Work Areas and Worker Activities

1

Pumping TDI/Amine solutions to mixer, filling tires through valve stem with polyurethane, and cleaning hosing with alcohol

2

3

4

5

6

7

8

9

10

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ Process type Batch - Polyurethane Polymerization

Work area Enclosed

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	2	direct skin contact	SY	B	84
B	1	" " "	SY	B	42

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[]

1

Labor Category

(ppm, mg/m³, other-specify)

(ppm, mg/m³, other-specify)



✱

✱

* No tests have been conducted

[]

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

No monitor worker exposure available

☐

<u>Sample/Test</u>	<u>Work Area ID</u>	<u>Testing Frequency (per year)</u>	<u>Number of Samples (per test)</u>	<u>Who Samples¹</u>	<u>Analyzed In-House (Y/N)</u>	<u>Number of Years Records Maintained</u>
Personal breathing zone						
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples						
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

☐ Sample Type Sampling and Analytical Methodology

NA	

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

<input type="checkbox"/>	<u>Equipment Type</u> ¹	<u>Detection Limit</u> ²	<u>Manufacturer</u>	<u>Averaging Time (hr)</u>	<u>Model Number</u>

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μ/m³)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

<input type="checkbox"/>	<u>No tests conducted</u>	<u>Frequency</u> <u>(weekly, monthly, yearly, etc.)</u>
	<u>Test Description</u>	

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

None *

☐ Process type Batch - Polyurethane Polymerization

Work area 1

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	_____	_____	_____	_____
General dilution	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vessel emission controls	_____	_____	_____	_____
Mechanical loading or packaging equipment	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Not aware that any engineering controls are needed

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Batch - Polyurethane Polymerization

Work area 1

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)

No Modifications

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Batch - Polyurethane Polymerization

Work area 1

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>N</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

- 9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch - Polyurethane Polymerization

<u>Work Area</u>	<u>Respirator Type</u>	<u>Average Usage¹</u>	<u>Fit Tested (Y/N)</u>	<u>Type of Fit Test²</u>	<u>Frequency of Fit Tests (per year)</u>
_____	<u>None</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type Batch - Polyurethane Polymerization

Work area 1

Area is not restricted

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type Batch - Polyurethane Polymerization

Work area 1

<u>Housekeeping Tasks</u>	<u>Less Than Once Per Day</u>	<u>1-2 Times Per Day</u>	<u>3-4 Times Per Day</u>	<u>More Than 4 Times Per Day</u>
Sweeping	X			
Vacuuming				
Water flushing of floors	X			
Other (specify)				

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No 2

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes 1

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area 1
- Urban area 2
- Residential area 3
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility 8
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 39 ° 47' 03 "

Longitude 104 ° 56' 52 "

UTM coordinates Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation inches/year

Predominant wind direction

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

On-Site Activity

Environmental Release

Manufacturing

Air

Water

Land

NA

NA

NA

Importing

NA

NA

NA

Processing

N

N

N

Otherwise used

NA

NA

NA

Product or residual storage

N

N

N

Disposal

N

N

N

Transport

N

N

N

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

Quantity discharged to the air	NA	kg/yr ±	__ %
Quantity discharged in wastewaters	NA	kg/yr ±	__ %
Quantity managed as other waste in on-site treatment, storage, or disposal units	NA	kg/yr ±	__ %
Quantity managed as other waste in off-site treatment, storage, or disposal units	NA	kg/yr ±	__ %

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch - Polyurethane Polymerization

NA - Essential a closed system

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>

☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

Batch - Polyurethane Polymerization

Point Source
ID Code

Description of Emission Point Source

NA

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

¹Use the following codes to designate physical state at the point of release:

G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor — Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	NA		Emission Exit Velocity (m/sec)	Building Height(m) ¹	Building Width(m) ²	Vent, Type ³
			Exhaust Temperature (°C)					

¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

NA

Point source ID code

Size Range (microns)

Mass Fraction (% \pm % precision)

< 1

≥ 1 to < 10

≥ 10 to < 30

≥ 30 to < 50

≥ 50 to < 100

≥ 100 to < 500

≥ 500

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch - Polyurethane Polymerization

Percentage of time per year that the listed substance is exposed to this process type %

Equipment Type	Number of Components in Service by Weight Percent. of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals ¹						
Packed						
Mechanical						
Double mechanical ²						
Compressor seals ¹						
Flanges						
Valves						
Gas ³						
Liquid						
Pressure relief devices ⁴ (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines ⁵ (e.g., purge, vent)						
Gas						
Liquid						

¹ List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

²If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

☐

a. Number of Pressure Relief Devices	NA	b. Percent Chemical in Vessel ¹	c. Control Device	d. Estimated Control Efficiency ²
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15. Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Batch - Polyurethane Polymerization

Equipment Type	Leak Detection	Detection Device	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
	Concentration (ppm or mg/m ³) Measured at _____ Inches from Source				
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type ¹	Floating Roof ² Seals	Composition of Stored Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operat- ing Vessel Volume (l)	Vessel Emission Controls ⁴	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

☐ Mark (X) this box if you attach a continuation sheet.

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

Release	Date Started	Time (am/pm)	Date Stopped	Time (am/pm)
1				
2				
3				
4				
5				
6				

NONE

10.24 Specify the weather conditions at the time of each release.

Release	Wind Speed (km/hr)	Wind Direction	Humidity (%)	Temperature (°C)	Precipitation (Y/N)
1					
2					
3					
4					
5					
6					

☐ Mark (X) this box if you attach a continuation sheet.